

# CRNA Information

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# What is a nurse anesthetist, and what does CRNA stand for?

Certified Registered Nurse Anesthetists (CRNAs) are master's or doctorate prepared advanced practice nurses who enjoy a high degree of autonomy and professional respect. CRNAs provide anesthetics to patients in every practice setting, and for every type of surgery or procedure. They are the sole anesthesia providers in nearly all rural hospitals, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, pain management, and trauma stabilization services. CRNAs are the main provider of anesthesia to the men and women serving in the U.S. Armed Forces. Last year, CRNAs delivered over 43 million anesthetics nationwide.



# How did the Nurse Anesthesia profession begin?

Nurses first provided anesthesia to wounded soldiers during the Civil War. Alice Magaw is the most famous anesthetist of the 19<sup>th</sup> century. She was the first nurse anesthetist to publish in a scientific journal, and was anesthetist for the Mayo brothers, two of the seven founders of the Mayo Clinic. Agnes McGee founded the first educational program for nurse anesthetists in 1909 and, over the next decade, nurses founded 19 nurse anesthesia schools. In 1931, Agatha Hodgins founded the National Association of Nurse Anesthetists (NANA) and the Alabama Association of Nurse Anesthetists (ALANA) became a charter member. The first meeting of the NANA was held in 1933, and the name of the organization was changed to the American Association of Nurse Anesthetists, or AANA. The AANA's first certification exam became available in 1945, and mandatory continuing education was established in 1978. In 1986, Congress passed legislation providing CRNAs direct reimbursement under Medicare Part B, making nurse anesthesia the first nursing specialty to be accorded direct reimbursement rights under Medicare. Also in 1986, a bachelor's degree was required for admission to anesthesia school, and by 1998 all schools were required to award a master's degree. As of August 2017, there were 120 accredited nurse anesthesia programs in the U.S. using more than 2,200 active clinical sites. Of those 120 programs, over half (62) of the nation's nurse anesthesia programs award doctoral degrees for entry into nurse anesthesia practice. By 2025, all nurse anesthesia students will graduate with a doctoral degree.



# How long does it take to become a CRNA?

It takes a minimum of 7-8.5 years of education and training specific to nursing and anesthesiology to become a CRNA. A candidate for nurse anesthesia program admission must possess a baccalaureate degree in nursing and adequate prerequisite critical care practice experience, which averages almost three years prior to gaining admission into a nurse anesthesia program. Once accepted into a nurse anesthesia program, students spend between 24 and 40 months, depending upon the degree sought, a master's degree or a doctoral degree. By 2025, all nurse anesthesia students will graduate with a doctoral degree. Once the nurse anesthesia program is complete, the graduate must sit for – or take – the CRNA national certification examination. Overall, a CRNA receives over 8,600 hours of training, prior to initial certification.



# Do CRNAs have to work with an anesthesiologist?

No, there is no requirement in any state in the country that a CRNA must work with an anesthesiologist. Seventeen (17) states have no physician supervision requirement, and the remaining states have their requirements spelled out in state law. In Alabama, a CRNA works under the direction of a licensed physician or dentist who is immediately available. You will find CRNAs working solo in office settings with plastic surgeons, endoscopy clinics with gastrointestinal (GI) specialists, busy rural hospitals that offer Obstetrical services, and many own their own businesses and employ physicians and other providers.



# Are CRNAs safe providers?

Numerous studies from unbiased sources, including the Institute of Medicine (“IOM”, now National Academy of Medicine), have found that the quality of care is no different, whether the anesthetic is performed by a CRNA, an anesthesiologist, or a CRNA and an anesthesiologist working together in a care team setting. Data that has been studied regarding safety and outcomes from the seventeen (17) states that do not require physician supervision of nurse anesthetists reinforces what the IOM reported. CRNAs are required to obtain 100 hours of continuing education every four years. Anesthesia care is nearly 50 times safer than it was in the 1980’s, primarily due to advances in monitoring, technology, anesthesia drugs, provider education, and standards of care.



# How do CRNAs fit into the future of healthcare?

Research shows that CRNAs are the most cost-effective anesthesia providers, and they have an exceptional safety record. A solo CRNA delivering anesthesia care costs less than the same CRNA practicing in a care team setting under the direction of an anesthesiologist. The United States has an aging patient population and limited resources for healthcare. CRNAs are educated and trained to provide anesthesia care for complicated medical procedures and to handle emergency situations. A vast number of rural hospitals would not be able to offer surgical services, obstetrics, pain management, or trauma stabilization without the CRNA that was willing to move to their rural areas and provide anesthesia care for these services. CRNAs are the primary providers of anesthesia in the United States.



## The End

For more information, you may wish to visit:

[American Association of Nurse Anesthetists](#)  
[Patient Resources](#)

